MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL IN.	9					
TOTAL DEP.	22					
TOTAL	31					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL NO.						
TOTAL DEP.						
TOTAL						